

# HYDEMICS—A Better Name

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**D**ESPITE Shakespeare and roses, names do matter. Public health as a field of work is hard enough to understand without the handicap of an unclear label.

Medicine has thrived on the simplicity of its term. So has law, architecture, engineering, chemistry—for that matter, science. Within medicine, there is surgery, pediatrics, ophthalmology, psychiatry. Physical medicine got a boost out of becoming physiatry. The 19th century specialist in diseases of women eventually became a gynecologist. William Petty explored “political arithmetic” decades before it took shape as statistics.

The multiple-word professions are harder to understand. Social work, occupational therapy, public health do not catch the mind, let alone the heart.

Public health had a better term at one time. As “hygiene” it was the profession of health and its practitioners were hygienists. But the rise of that term happened to coincide with the discovery of bacteria. Hygiene came to mean the task of wiping out the germs, more or less synonymous with cleanliness.

Hygiene also connotes the prevention of disease. Important as this is, almost everyone would agree that public health today is more than preventive medicine.

Europeans often call it “social medicine.” There are advantages to the term, but also some serious handicaps. One is the vulgarization about “socialized” medicine. More important is the connotation of medical care programs, exclusive of prevention.

A simple term is needed to convey the meaning of public health and social medicine. The essence, I would submit, is the science of the

health of people. It should cover the skills concerned with the health of the people (as distinguished from individuals), whether preventive or curative, whether public or private.

The term should be simple for ease of communication, as well as purity of meaning. “Public health” is a confusing phrase. It may be an adjective, as in “a public health worker” or a noun defining a state of being, as in “the public health of this population.” One gets into terrible snarls when the phrase has to be split, as in “public health insurance” contrasted with private health insurance.

And, of course, public health is also the name of a profession. “What is your specialty?” Answer: “Public health.” The health of the public is the goal of the effort, so how can it be the effort? One doesn’t describe the first of the specialties to be recognized in America as “healthy eye.” It is ophthalmology and its practitioners are ophthalmologists.

Perhaps a new single word to describe the science of the health of the people would help us communicate with others. Perhaps it would help in recruiting badly needed personnel. Perhaps it would even add some new dignity.

Greek permits the construction of new words to represent complex ideas in a single term. Norbert Wiener coined cybernetics to embody a much longer thought about problem-solving through computers. Serendipity gets across a rather elaborate idea in a single happy word.

HYDEMICS is my suggestion: HY from Hygieia (goddess of health); DEM from demos (people); ICS from ika (science or art). It should really be “hygedemics,” but perhaps the philologists will forgive the ellipsis of the Greek roots in the interest of euphony. Persons engaged in it would be hydemicians (like pediatricians). They might be hydemol-ogists, but that would really mean those who

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study the health of people, and we go beyond study in the field of public health and social medicine. The focus of hydemics, unlike medicine or its clinical specialties, would be on health, rather than disease; on people, rather than individual patients.

Maybe there is a better word to say what has to be said, but let it be a single word. "Epidemiology" has caught the imagination—even though one has to explain that it means more than the study of epidemics.

Hydemics would translate easily into other tongues: hydémique (French), hydémica (Spanish), hydemik (German), and so on.

One more point: within the group-oriented health professions one finds enormous diversity. There is "maternal and child health" and "occupational medicine" and "medical care administration" and "hospital administration."

"Public health" doesn't cover all these well. The hospital administrator or the industrial physician, who are certainly concerned about the health of groups of people, seldom consider themselves public health workers. Hydemics might provide an umbrella for all these applied sciences. It might foster a certain professional unity. Moreover, the term could include persons with various academic degrees—just as an engineer is an engineer, whether he has a bachelor's, master's, or doctoral degree. Recognition of academic degrees is a separate question.

It took a generation for "psychiatry" to catch on. Even "science" had a long haul from the days of "natural philosophy." Of course, it's the content, more than the name that counts. But names can help in clarifying the content to everyone. Is hydemics worth a try?

## Survey of School Buildings

Approximately one-fifth of the public elementary and secondary school buildings in the 50 States, the District of Columbia, and outlying areas, nearly 18,000, were included in a sample survey conducted by the Office of Education, Department of Health, Education, and Welfare during the 1964-65 school year. The purpose of the study was to determine if school buildings are of adequate quality and if there are enough classrooms.

Selected as a representative cross-section of the nation's schools, the sample buildings were evaluated in terms of nine specific characteristics relating to structural soundness, heating, fire alarm systems, stairwell construction materials, stairwell enclosures, building exits, fire detection systems, electrical capacity, and lighting conditions.

Results showed that 28 million of the 41.4 million pupils enrolled in the fall of 1964 attended classes in buildings with fewer than two deficiencies. Survey findings also revealed that:

—More than 10 million were housed in schools without hot water in the wash rooms.

—More than 10 million students were in buildings with unsatisfactory or partially satisfactory lighting, and 2.5 million were in buildings with insufficient electrical current.

—More than 1 million were in buildings with extensive structural deterioration.

—Almost 7 million attended school under fire-hazardous conditions.

—More than 2 million were in schools with inadequate heating plants.

—More than 500,000 used outdoor privies.

The survey disclosed that 107,000 additional classrooms are needed to attain a capacity of no more than 27.5 pupils per room—the present national median. Some 12.6 million students are now in schools with an average of 30 or more pupils per room. At the extremes, 1.1 million are in schools with less than 15 pupils per room and 1.8 million are in schools with 40 or more.

Another 78,000 classrooms would be needed to replace 31,000 makeshift rooms, 32,000 rooms in nonpermanent buildings, and 15,000 off-site rooms in churches, vacant stores, and other places in which classes are now conducted.